

Exhibits

sumes@korea.com

1. 20개팀만을 소개했다. 그 팀안은 신제양원에

새겨 랍니다^^

사정상 구매합니다

포커 기계
세탁기 (상업용 신품)
에어 콤팩트 세
타이어 탈착기
월발란스 장비
車정비용 각종장비

- ④ 최고급하수소매매
- ④ 장업상담
- 타이어수리점
- 세차장, 정비공장
- 포커장, 세탁소

전화: 483-4322

EX A.

ANNUAL CORPORATION REPORT

FILED
Comptroller of the
Northern Mariana IslandsFiling Fee \$50.00 / Make Check Payable to: CNMI TREASURER
File Original and One Copy

2004 FEB 19 AM 7:29

FILING: THE INITIAL REPORT MUST BE FILED WITHIN 60 DAYS OF INCORPORATION.
ANNUAL REPORT MUST BE FILED ON OR BEFORE MARCH 1ST OF EACH YEAR.FILE WITH: REGISTRAR OF CORPORATIONS
Office of the Attorney General
2nd Floor Administration Bldg./Capitol Hill
Saipan, MP 96950Filed by: *Park Hwa Sun*
Secretary of Corporations
Office of the Attorney General

953320

INITIAL REPORT: _____ REPORT FOR THE YEAR 2003
CHECK ONE: (X) Domestic Corporation () Foreign Corporation

Name, Mailing Address & Telephone No. of Corporation: (Attach map showing location if address is only a P. O. Box)			
ASIA ENTERPRISES INCORPORATED		Tel. No.: 235-4321	
P.O. Box 503448			
Saipan, MP 96950			
Name, Mailing Address & Telephone No. of Registered Agent: (Attach Map showing location if address is only a P. O. Box)			
PARK, HWA SUN		Tel. No.: 235-4321	
P.O. BOX 503448			
Saipan, MP 96950			
LIST OF DIRECTORS:			
Name	Nationality	Address	
KIM, HANG KWON	Korea	P.O. Box 503448, Saipan, MP 96950	
PARK, HWA SUN	Korea	"	
YU, SEUNG-HEE CINDY	USA	"	
LIST OF OFFICERS:			
Name	Position	Nationality	Address
KIM, HANG KWON	Pres.	Korea	same as above
YU, SEUNG-HEE C.	Vice-Pres.	USA	"
PARK, HWA SUN	Secretary		"
	Treasurer	Korea	"
DESCRIPTION OF BUSINESS ACTIVITIES - List all lines of business:			
Market/Laundromat			
STOCK ISSUED AND OUTSTANDING:			
Number of Shares	Class of Shares	Amount Paid for Shares	
30,000 shares	COMMON STOCK	\$30,000.00	
NAME OF SHAREHOLDERS	IMMIGRATION STATUS	NATIONALITY	NUMBER OF SHARES HELD
KIM, HANG KWON	Bus. Visa (2 yrs)	Korea	27,000 shares
PARK, HWA SUN	Bus. Visa (2 yrs)	Korea	3,000
Signature: _____			
Date: 02/13/2004			
Park, Hwa Sun/Secretary			
PRINT NAME & TITLE OF PERSON SIGNING			
(Must be Director or Officer of the Corporation.)			

001



Commonwealth of the Northern Mariana Islands
DIVISION OF LABOR
P.O. Box 10007, Saipan, MP 96950

DECLARATION OF ACCEPTING EMPLOYER

I, _____ of _____, located in the CNMI,
(NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME)
declare under penalty of perjury that I knowingly and freely accept the transfer of
employment of _____ of the _____, from
(NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)
_____ the Employer of Record. Furthermore, I hereby declare
that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident
Worker as required and provided under the Non-resident Workers Act, Minimum Wage and Hour
Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq.
Furthermore, I hereby declare that the above named transferee will be under my employment as a
_____ and that I will be responsible for the payment of all
applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.

Entry Permit No. _____ Surety Bond Co./No. _____

CONDITIONAL GRANT OF TRANSFER

The transfer of the employee _____
to _____ Accepting Employer
is hereby **CONDITIONALLY GRANTED** as of this date pursuant to Section 3(b) of Public Law
No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of
_____.

The Employee's Work Days and Hours shall be _____ to _____
from _____ to _____, for a total of _____ hours per week.

Compensation: In consideration of the services to be performed by the Employee, the Employer
agrees to pay the Employee compensation in the amount of:

1. \$ _____ per _____ and
2. \$ _____ per _____ for overtime compensation payable by check
in bi-weekly intervals.
3. Other compensation, specify amount and method of calculation.

All other contract provisions, obligations and restrictions including termination or
employment shall be controlled by the terms and conditions of the attached employment contract
signed by the employer and employee.

Both the Accepting Employer and the Employee understand this conditional transfer /
accompanying application shall be **denied later** should the Accepting employer **fail to comply**
with all requirements of law, regulation and policy **within the standard time allowed** in order to
obtain a Work/Entry Permit. Should the application be denied or should either the employee or
Accepting Employer terminate the employment relationship, the **Accepting Employer shall be**
liable for/required to purchase a one-way ticket to the employee's original point of recruitment
outside the Commonwealth and the employee shall depart on the next available flight.

If the application is denied by the Division, this conditional transfer will also expire the same day
of denial issuance. However, if for any reason the application is neither approved nor denied by the
Division, this conditional transfer will expire one year from the date the conditional transfer is
approved.

Date: _____

Date: _____

Accepting Employer: Print Name and Sign
Title: _____

Employee: Print Name and Sign

IN WITNESS WHEREOF, I hereunto set my hand and official seal this _____ day of
_____, 200 _____.

SEUNG-HEE CINDY YU
NOTARY PUBLIC
Commonwealth of the Northern Mariana Islands
My Commission Expires: _____

NOTARY PUBLIC

00255



DIVISION OF REVENUE AND TAXATION

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

CORPORATE INCOME TAX RETURN



For calendar year 2004 or tax year beginning _____, 2004, ending _____, 20

Form 1120CM

(Please type or print in ink)

2004

- A Check if a:**
- 1 Consolidated return (attach Form 851) ☐
 - 2 Personal holding co. (attach Sch. PH) ☐
 - 3 Personal service corp. (see instructions) ☐
 - 4 Schedule M-3 required (attach Sch. M-3) ☐

Name

ASIA ENTERPRISES INCORPORATED

Number, street, and room or suite no. (If a P.O. box, see page 9 of instructions.)

P.O. Box 503448

SAIPAN, MP 96950

B Employer identification number

66-0458813

C Date incorporated

D Total assets (see page 4 of instructions)

\$ 180,610.00

- E Check applicable boxes:**
- (1) ☐ Initial return
 - (2) ☐ Final return
 - (3) ☐ Name change
 - (4) ☐ Address Change

SOURCE OF INCOME

		A. INCOME WITHOUT		B. INCOME WITHIN		C. TOTAL	
Income	1a Gross receipts or sales						
	b Less returns and allowances						
	2 Cost of goods sold (Schedule A, line 8)						
	3 Gross profit. Subtract line 2 from line 1c						
	4 Dividends (Schedule C, line 19)						
	5 Interest						
	6 Gross rents						
	7 Gross royalties						
	8 Capital gain net income (attach Schedule D (Form 1120))						
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)						
	10 Other income (see page 11 of instructions - attach schedule)						
11 Total income. Add lines 3 through 10							
Deductions (see instructions for line 28a)	12 Compensation of officers (Schedule E, line 4)						
	13 Salaries and wages (less employment credits)						
	14 Repairs and maintenance						
	15 Bad debts						
	16 Rents						
	17 Taxes and licenses (Do not include non-refundable credits used on this return)						
	18 Interest						
	19 Charitable contributions (see page 14 of instructions for 10% limitation)						
	20 Depreciation (attach Form 4562)	20					
	21 Less depreciation claimed on Schedule A and elsewhere on return	21a					
	22 Depletion						
	23 Advertising						
	24 Pension, profit-sharing, etc., plans						
	25 Employee benefit programs						
	26 Other deductions (attach schedule)						
	27 Total deductions. Add lines 12 through 26						
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11						
	28a Allocable percentage						
	29 Less: a Net operating loss (NOL) deduction (see page 15 of instructions)	29a					
b Special deductions (Schedule C, line 20)	29b						
30 Taxable income. Subtract line 29c from line 28	29c						
31 Total tax (Schedule J, line 11)	30						
32 Payments: a 2003 overpayment credited to 2004	31						
b 2004 estimated tax payments	32a						
c Less 2004 refund applied for on Form 4466	32b						
d Tax deposited with Form 7004	32c						
e Credit for tax paid on undistributed capital gains (attach Form 2439)	32d						
f Credit for Federal tax on fuels (attach Form 4136). See instructions	32e						
33 Estimated tax penalty (see pages 17 and 29 of instructions). Check if Form 2220 is attached	32f						
34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed (see instructions on page 29)	32g						
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid (see instructions on page 29)	32h						
Enter amount of line 35 you want: Credited to 2005 estimated tax (see line 7, part A, page 2)	33						
Refunded	34						
	35						

Sign Here

Signature of officer

09/15/2005

Date

PRESIDENT

Title

May the Division of Revenue and Taxation discuss this return with the preparer shown below (see instructions)?

☐ Yes

☐ No

Preparer's SSN or PTIN

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

EIN

Firm's name (or yours if self-employed) and address and zip code

Chapter 7 Tax Adjustment (See page 29 of instructions.)

1 Underpaid before rebate offset. Enter amount from line 14 of Form OS-3405A.....

2 Tax overpaid before rebate offset. Enter amount from line 13 of Form OS-3405A.....

3 Late charges. Enter all applicable late charges here, based on the underpaid tax shown on line 1 of this part. Also include estimated tax penalty as shown on line 33, page 1 of this return (see supplemental instructions on page 29).....

4 Rebate offset amount. Enter the amount from line 15 of Form OS-3405A.....

5 Tax on overpayment of credit. Enter the lesser of line 13 of Form OS-3405A or the total of lines 32f and 32g as shown in page 1 of this return. If zero or less enter -0-.....

6 Total due (or overpaid). Add lines 1 through 5 of this part. If this line shows amount due, pay this amount. Stop here. If this line shows an overpayment, place a bracket around the figure and continue on lines 7, 8, and 9.....

7 If line 6 is an overpayment enter amount you want credited to 2005 ESTIMATED TAX.....

8 If line 6 is an overpayment enter amount you want credited to your 2005 BUSINESS GROSS REVENUE TAX. Indicate the quarter to apply.....

9 Net overpayment. Subtract the total of lines 7 and 8 from line 6.....

1	0
2	0
3	0
4	0
5	0
6	0
7	
8	
9	(

Schedule A Cost of Goods Sold (See page 17 of instructions.)

1 Inventory at beginning of year.....

2 Purchases.....

3 Cost of labor.....

4 Additional section 263A costs (attach schedule).....

5 Other costs (attach schedule).....

6 Total. Add lines 1 through 5.....

7 Inventory at end of year.....

8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2.....

9a Check all methods used for valuing closing inventory:

(i) Cost as described in Regulations section 1.471-3.....

(ii) Lower or cost or market as described in Regulations section 1.471-4.....

(iii) Other (Specify method used and attach explanation.) ▶

1	
2	
3	
4	
5	
6	
7	
8	

Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c).....

Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970).....

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO.....

9d If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?.....

Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation.....

YES NO
YES NO

Schedule C Dividends and Special Deductions (See page 18 of instructions.)

1 Dividends from less-than-20%-owned domestic corporations that are subject to the 70% deduction (other than debt-financed stock).....

2 Dividends from 20%-or-more-owned domestic corporations that are subject to the 80% deduction (other than debt-financed stock).....

3 Dividends on debt-financed stock of domestic and foreign corporations (section 246 A).....

4 Dividends on certain preferred stock of less-than-20%-owned public utilities.....

5 Dividends on certain preferred stock of 20%-or-more-owned public utilities.....

6 Dividends from less-than-20%-owned foreign corporations and certain FSCs that are subject to the 70% deduction.....

7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs that are subject to the 80% deduction.....

8 Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 245(b)).....

9 Total. Add lines 1 through 8. See page 19 of instructions for limitation.....

10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958.....

11 Dividends from affiliated group members and certain FSCs that are subject to the 100% deduction.....

12 Dividends from controlled foreign corporations subject to the 85% deduction (attach Form 8895).....

13 Other dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12.....

14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471).....

15 Foreign dividend gross-up (section 78).....

16 DISC and former DISC dividends not included on lines 1, 2, or 3 (section 246(d)).....

17 Other dividends.....

18 Reduction for dividends paid on certain preferred stock of public utilities.....

19 Total dividends. Add lines 1 through 17. Enter here and on line 4, page 1.....

20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b.....

	(a) Dividends Received	(b) %	(c) Special deductions (a) x (b)
1		70	
2		80	
3		see instructions	
4		42	
5		48	
6		70	
7		80	
8		100	
9			
10		100	
11		100	
12		85	
13			
14			
15			
16			
17			
18			
19			
20			

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E

Compensation of Officers (See instructions for page 1, line 12, on page 13 of instructions)
Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1, Form 1120CM) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
Total compensation of officers					

3 Compensation of officers claimed on Schedule A and elsewhere on return	2
4 Subtract line 3 from line 2. Enter the result here and on page 1, line 12	3
Schedule J Tax Computation (See page 20 of instructions)	4

Check if the corporation is a member of a controlled group (see sections 1561 and 1563) ☐ **Important:** Members of a controlled group, see instructions on page 20.

a If the box on line 1 is checked, enter the corporation's share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$	(2) \$	(3) \$

b Enter the corporation's share of: (1) additional 5% tax (not more than \$11,750) (2) additional 3% tax (not more than \$100,000)

Income tax. Check if a qualified personal service corporation under section 448(d)(2) (see page 21) ☐

Alternative minimum tax (attach Form 4626) ☐

5 Add lines 3 and 4

a Foreign tax credit (attach Form 1118)

b Possessions tax credit (attach Form 5735)

c Check ☐ Nonconventional source fuel credit ☐ QEV credit (attach Form 8834)

d General business credit. Check box(es) and indicate which forms are attached:
☐ 3800 ☐ Form(s) (specify) ☐

e Credit for prior year minimum tax (attach Form 8827)

f Qualified zone academy bond credit (attach Form 8860)

6a Total credits. Add lines 6a through 6f

6b Subtract line 7 from line 5

6c Personal holding company tax (attach Schedule PH (Form 1120))

6d Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

6e Total tax. Add lines 6d through 10. Enter here and on page 1, line 31

Schedule K Other information (see page 23 of instructions)

Check method of accounting: a ☐ Cash b ☐ Accrual
c ☐ Other (specify) ☐

See page 25 of the instructions and enter the:

a Business activity code no. ☐

b Business activity ☐ house rental/building maintenance

c Product or service ☐ appliance shop/poker

At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c)).

If "YES," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.

Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

If "YES," enter name and EIN of the parent corporation ☐

At the end of the tax year, did any individual, partnership, corporation, estate or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c)).

If "YES," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above). Enter percentage owned ☐

During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316).

If "YES," file Form 5452, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation on form on Form 851, Affiliations Schedule, for each subsidiary

If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, complete Schedule N (Form 1120), Foreign Operations of U.S. Corporation.

YES NO

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of: (a) the total voting power of all classes of stock of the corporation entitled to vote, or (b) the total value of all classes of stock of the corporation?
If "YES," (a) Enter percentage owned ☐ and (b) Enter owner's country ☐

c The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ☐

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year ☐

10 Enter the number of shareholders at the end of the tax year, (if 75 or fewer) ☐

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ☐
If the corporation is filing a consolidated return, the statement required by Temporary Regulations section 1.1502-21T(b)(3)(i) or (ii) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) ☐

13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000?

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ☐

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Page 4

E: The corporation is not required to complete Schedules L, M-1 and M-2 if Question 13 on Schedule K is answered "Yes"

Schedule L Balance Sheets per Books

Assets

Beginning of tax year

End of tax year

		(a)	(b)	(c)	
1 Cash	1				
2a Trade notes and accounts receivable	2		102,637.00		
3 Less allowance for bad debts	2b	()			10,354.00
4 Inventories	3				
5 U.S. government obligations	4				
6 Tax-exempt securities (see instructions)	5				
7 Other current assets (attach schedule)	6				
8 Loans to shareholders	7				
9 Mortgage and real estate loans	8				
10 Other investments (attach schedule)	9				23,775.00
10a Buildings and other depreciable assets	10a				
10b Less accumulated depreciation	10b	()		140,483.00	
11a Depletable assets	11a			()	140,483.00
11b Less accumulated depletion	11b	()			
12 Land (net of any amortization)	12			()	
13a Intangible assets (amortizable only)	13a				
13b Less accumulated amortization	13b	()			
14 Other assets (attach schedule)	14			()	
15 Total assets	15		102,637.00		180,610.00
Liabilities and Stockholders' Equity					
16 Accounts payable	16				
17 Mortgages, notes, bonds payable in less than 1 year	17				
18 Other current liabilities (attach schedule)	18				
19 Loans from shareholders	19				
20 Mortgages, notes, bonds payable in 1 year or more	20		105,493.00		72,657.00
21 Other liabilities (attach schedule)	21				35,774.00
22 Capital stock: a Preferred stock	22a				
b Common stock	22b				
23 Additional paid-in capital	23		30,000.00		130,000.00
24 Retained earnings - Appropriated (attach schedule)	24				
25 Retained earnings - Unappropriated	25				
26 Adjustments to shareholders' equity (attach schedule)	26		(32,856.00)		(57,821.00)
27 Less cost of treasury stock	27				
28 Total liabilities and shareholders' equity	28		102,637.00		180,610.00

Schedule M-1

Reconciliation of Income (Loss) per Books with Income per Return (See page 24 of instructions.)

1 Net income (loss) per books	1	(24,965.00)	7 Income recorded on books this year not included on this return (itemize):	7	
2 Federal income tax per books	2	642.00	Tax-exempt interest \$		
3 Excess of capital losses over capital gains	3				
4 Income subject to tax not recorded on books this year (itemize):	4				
5 Expenses recorded on books this year not deducted on this return (itemize):	5		8 Deductions on this return not charged against book income this year (itemize):	8	
a Depreciation \$			a Depreciation \$		
b Charitable contributions \$			b Charitable contributions \$		
c Travel and entertainment \$					
6 Add lines 1 through 5	6	(24,323.00)	9 Add lines 7 and 8	9	
			10 Income (line 28, page 1) - line 6 less line 9	10	(24,323.00)

Schedule M-2

Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year	1	(32,856.00)	5 Distributions: a Cash	5a	
2 Net income (loss) per books	2	(24,965.00)	b Stock	5b	
3 Other increases (itemize):	3		c Property	5c	01447
4 Add lines 1 through 3	4	(57,821.00)	6 Other decreases (itemize):	6	
			7 Add lines 5 and 6	7	
			8 Balance at end of year (line 4 less line 7)	8	(57,821.00)



DIVISION OF REVENUE AND TAXATION
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
APPLICATION FOR REBATE ON CNMI SOURCE INCOME TAX

**FOR USE WITH FORM 1120CM**

(Please type or print in ink) (See instructions on reverse side)

2004

Taxpayer Name ASIA ENTERPRISES INCORPORATED		TIN 00-0458813
Address P.O. BOX 503448, SAIPAN, MP 96950	Telephone number ()	Contact person

PART A - NON-REFUNDABLE CREDITS

Business gross revenue tax

Name	Tax ID No.

a)	042.00
b)	
c)	
2	
3	

User fees paid

Fees and taxes imposed under 4CMC §2202(h)

Total non-refundable credits (add lines 1 through 3)

042.00

PART B - REBATE COMPUTATION

- Allocable percentage a Tax without the CNMI 5a 0 %
 b Tax within the CNMI 5b 100 %

Total NMTIT on all sources

Total NMTIT payments made

Tax on sources without CNMI (multiply line 6 by the percentage as shown on line 5a)

Tax on sources within the CNMI (multiply line 6 by the percentage as shown on line 5b)

Total non-refundable credits (enter amount from line 4, part A)

Adjusted CNMI source tax (subtract line 10 from line 9. If zero or less, enter -0-)

Total CNMI and NON-CNMI source tax after non-refundable credits (add lines 8 and 11)

NMTIT overpayment (subtract line 12 from line 7. If zero or less, enter -0-)

Total tax underpaid (If line 12 is greater than line 7, subtract line 7 from line 12, otherwise, enter -0-)

Rebate base computation (Enter here and on line 4, page 2, Part A)

6	0
7	0
8	
9	0
10	642.00
11	
12	
13	
14	0
15	

PART C - Business Gross Revenue Tax Credit Allocation

Enter the TIN and amount you want credited from line 8, Part A, page 2. The total credit allocation shall be equal to the amount on line 8, Part A.

TIN			
TAX TYPE	3105G	3105AF	3105B
AMOUNT			

PLEASE SIGN HERE	Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.		
	Signature of officer 	Date 09/15/2005	Title President
PAID PREPARER'S USE ONLY	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> Preparer's business address
	Firm's name (or yours if self-employed) and address	EIN	ZIP code 01448

FOR OFFICIAL USE ONLY

DATE PAID	AMOUNT PAID	RECEIPT NO.	VERIFIED BY	POSTED

If received after the due date, show post mark

Form OS-3405A

ASIA ENTERPRISES INCORPORATED

1120CM(2004)
EIN#66-0458813

1b. Other Deductions.

Utilities	\$ 8,880.00
Professional Services	2,175.00
Communications	1,255.00
Freight charges	1,100.00
Representative	<u>220.00</u>
Total	<u><u>\$ 13,630.00</u></u>

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Item	Quantity	Unit Price	Amount	Category	Remarks	Approved	Signature	Date
Building Improvement								
Poker Arcade fur. & equipment	88,583.00							
poker machine	26,900.00							
aircon	\$2500 x 8 units							
camera	4,000							
others	1,900							
tools	1,000							
	25,000.00							
	140,483.00							
Special Allowance								

01450

7004Rev. September 2003
Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time
To File Corporation Income Tax Return**

OMB No. 1545-0047

Name of corporation

ASIA ENTERPRISES INCORPORATED

Employer identification number

66 0458813

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

P.O. Box 503448

City or town, state, and ZIP code

SAIPAN, MP 96950

Check type of return to be filed:

☐ Form 990-C☐ Form 1120-FSC☐ Form 1120-PC☐ Form 1120S☒ Form 1120 CM☐ Form 1120-H☐ Form 1120-POL☐ Form 1120-SF☐ Form 1120-A☐ Form 1120-L☐ Form 1120-REIT☐ Form 1120-F☐ Form 1120-ND☐ Form 1120-RIC

• Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States

1 Request for Automatic Extension (see instructions)

- a **Extension date.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until Sept. 15, 2005, to file the income tax return of the corporation named above for ☒ calendar year 2004 or ☐ tax year beginning , 20 , and ending , 20

- b **Short tax year.** If this tax year is for less than 12 months, check reason:

☐ Initial return☐ Final return☐ Change in accounting period☐ Consolidated return to be filed**2 Members of an affiliated group of corporations filing a consolidated return (consolidated group) (see instructions)**

Name and address of each member of the affiliated group

Employer identification number

3 Tentative tax (see instructions).**4 Payments and refundable credits: (see instructions)**

- a Overpayment credited from prior year.

4a

- b Estimated tax payments for the tax year

4b

- c Less refund for the tax year applied for on Form 4466

4c

Bal ▶

4d

- e Credit for tax paid on undistributed capital gains (Form 2439)

4e

- f Credit for Federal tax on fuels (Form 4136)

4f

5 Total. Add lines 4d through 4f (see instructions).**6 Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)**

Signature, under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

President

(Title)

03/10/2005

Date

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 13804A

Form 7004 (F-1)

01451



Revenue and Taxation Department of Finance

P.O. Box 5234 CHRB SAIPAN, MP 96950

TEL. (670) 664-1000

FAX. (670) 664-1015

AUDIT REPORT OF TAX CHANGES

 2004 DEC
 AN 11:02

Name and Address of Taxpayer Jung Jin Corporation P.O. Box 503428 Saipan MP 96950		TIN# 66-0469532	Person with whom audit changes were discussed. Give name and title. Name: Park, Hwa Sun Title: President		
Return Form No. 1120CM					
Year/Period 2000		Year/Period 2001	Year/Period 2002	Year/Period 2003	
1 Adjustments to Income					
a. Unreported Poker Income					
b. Less Gaming Machine License Fee		-	50,969.15	96,209.85	127,881.84
c.		-	-	-	(54,196.00)
d.		-	-	-	-
e.		-	-	-	-
f.		-	-	-	-
2. Total Adjustments		-	-	-	-
3. Adjusted Gross or Taxable Inc. on Rtn or as Previously Adjusted.		-	50,969.15	96,209.85	73,685.84
4. Corrected Adjusted Gross or Taxable Income.		-	11,517.00	15,496.00	(100,247.00)
5. Corrected Tax		-	62,486.15	111,705.85	(26,561.16)
6. Less Credits		-	10,622.00	26,815.00	(3,984.00)
a.		-	-	-	-
b.		-	-	-	-
c.		-	-	-	-
7. Balance		-	-	-	-
8. Plus other Taxes		-	10,622.00	26,815.00	(3,984.00)
a.		-	-	-	-
b.		-	-	-	-
9. Total Corrected Liability		-	-	-	-
10. Total Tax Shown on Return or as Previously Adjusted		-	10,622.00	26,815.00	(3,984.00)
11. Deficiency or (Over assessment)		-	1,727.55	2,324.00	-
12 Tax Allocation: Without		a. 0%	8,894.45	24,491.00	(3,984.00)
Within		b. 100%	-	-	-
13 Less Non-Refundable Credits		a. Chpt 2	10,622.00	26,815.00	-
		b. Chpt 3	-	-	-
		c. Other	5,794.08	10,972.83	32,567.27
		d. Net Tax Within CNMI	-	-	-
14. Tax Due (Line 12a Plus 13d)		-	4,827.92	15,842.17	-
15. Prepayments Chapter 7 Withheld		-	4,827.92	15,842.17	-
16. NMI Tax Due or (Overpayment)		-	-	-	-
17. Estimated Tax Penalty		-	-	-	-
18. (Rebate) - (% of Line 13d)		-	-	-	-
19. Net Tax Due (Sum of Lines 14 thru 18)		-	(4,345.00)	(14,258.00)	-
20. Tax per Return		-	482.92	1,584.17	-
21. Additional Tax Due or (Overpayment) - Line 19 minus Line 20		-	-	-	-
22. Penalty		-	482.92	1,584.17	-
23. Interest		-	86.76	95.04	-
24. Total Amount Due (Sum of lines 21 thru 23)		-	78.39	69.51	-
Examining Officer's Name & Signature		-	648.07	1,748.72	-
Date		12/17/04			
Taxpayer's Name and Signature		Date			
Date		12-17-04			
Attach Specific Power of Attorney)		Title	Date		
		President			
			01452		

DIVISION OF REVENUE AND TAXATION
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS

BUSINESS GROSS REVENUE TAX QUARTERLY RETURN

Please type or print in ink)

(See reverse side of this form for instructions)

20 03

DLN

A. Taxpayer's Name ASIA ENTERPRISES INC.		C. 1. Taxpayer's Identification Number (TIN) 66-0458813	F. MARK HERE IF THIS IS A FINAL RETURN. AND INDICATE THE DATE WHEN BUSINESS WAS CLOSED OR DISSOLVED <input type="checkbox"/> DATE
A-2. Doing Business As		C. 2. TIN previously reported, if different from above	
B. Mailing Address P.O. Box 503448 Saipan, MP 96950		D. Quarter Ended Dec. 31, 2003	
C. BUSINESS FORM: <input type="checkbox"/> SOLE PROPRIETORSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT ORGANIZATION		E. Telephone Number(s) 235-4321	
H. LOCATION OF BUSINESS <input checked="" type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN IS. (Indicate Village)		I. ACTIVITIES: <input type="checkbox"/> RETAILING <input type="checkbox"/> LAND LEASE <input type="checkbox"/> BARBER/BEAUTY SHOP <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> HOUSE RENTAL UNITS <input type="checkbox"/> TAILORING SHOP <input type="checkbox"/> SERVICES <input type="checkbox"/> OCEAN SHIPPING <input type="checkbox"/> OTHER(S):	

COMPUTATION OF TAX AND OTHER CHARGES

(Specify each separately)

		FOR OFFICIAL USE ONLY
1. TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31.		
2. TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30.	84,105.00	
3. TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30.	83,584.00	
4. TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31.	136,270.00	
5. TOTAL OF LINES 1, 2, 3, AND 4.	0	
6. LESS REVENUE NOT SUBJECT TO TAX. (attach detailed statement of explanation)	303,959.00	
7. GROSS REVENUE SUBJECT TO TAX. (line 5 minus line 6)		
8. TAX ON AMOUNT SHOWN ON LINE 7.	303,959.00	
9. TAX ALLOCATED PREVIOUS QUARTER(S).	9,118.77	
10. TAX ALLOCATED THIS QUARTER. (line 8 minus line 9)	9,118.77	
11. TAX (OVERPAID) FROM PREVIOUS QUARTERS, IF ANY.	0	
12. TAX DUE (OVERPAYMENT) THIS QUARTER (line 10 minus line 11, if any)	0	
13a. ENTER AMOUNT OF EDUCATIONAL CASH CONTRIBUTIONS MADE THIS YEAR		
13b. ENTER EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)		
13c. EDUCATION TAX CREDIT AVAILABLE THIS QUARTER		
13d. EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)		
14a. OVERPAYMENT CREDIT FROM FORM 1120CM OR 1040 CM, IF ANY. (See instructions)	0	
14b. ENTER YEAR OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM	0	
14c. ENTER TYPE OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM		
15. TAX AFTER CREDIT (line 12 minus lines 13d and 14a)	0	
16. PENALTY CHARGE (If return is filed and paid after the deadline, complete this)	16a (10%) 16b (1%)	
17. INTEREST CHARGES. (If payment is made after the deadline, complete this line.)		
18. TOTAL DUE (Add lines 15, 16a, 16b and 17)		
PAY THIS AMOUNT		0

DECLARATION: Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.

Park, Hwa Sun

Name (Typed) and Signature

Secretary

01/12/2004

PREPARED BY FOR OFFICIAL USE ONLY	Preparer's Signature:	Date:	Title	Preparer's SSN:	TIN:
	Firm's Name:	Mailing Address:			

FOR OFFICIAL USE ONLY			
Account No:	Account No:	Account No:	Account No:
Amount:	Amount:	Amount:	Amount:
DATE PAID:	RECEIPT NO:	RECEIVED BY:	POST MARK
ENTERED BY:	INPUT BY:	INPUT DATE:	

COMMISSION OF REVENUE AND TAXATION
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS

BUSINESS GROSS REVENUE TAX QUARTERLY RETURN

Please type or print in ink

A 1 Taxpayer's Name
JUNG JIN CORPORATION

A 2 Doing Business As

B Mailing Address
P.O. Box 503428

Saipan, MP 96950

C BUSINESS FORM:

☒ SOLE PROPRIETORSHIP☐ PARTNERSHIP☒ CORPORATION☐ ASSOCIATION☐ NON-PROFIT ORGANIZATION

H. LOCATION OF BUSINESS

☒ SAIPAN☐ TINIAN☐ ROTA☐ NORTHERN IS.

C.K.

(Indicate Village)

C. 1. Taxpayer's Identification Number (TIN)
66-0469532

C. 2. TIN previously reported, if different from above

D. Quarter Ended
Dec. 31, 2003E. Telephone Number(s)
235-4321F. MARK HERE IF THIS IS A
FINAL RETURN AND
INDICATE THE DATE WHEN
BUSINESS WAS CLOSED
OR DISSOLVED
☐

DATE

I. ACTIVITIES:

☒ RETAILING☐ CONSTRUCTION☐ TAILORING SHOP☐ OCEAN SHIPPING☐ LAND LEASE☐ NIGHT CLUB☒ SERVICES☐ OTHER(S):☐ BARBER/BEAUTY SHOP☐ HOUSE RENTAL (UNITS)

Laundromat

POKER

(Specify each separately)

COMPUTATION OF TAX AND OTHER CHARGES

FOR OFFICIAL
USE ONLY

1 TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31.

2 TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30.

3 TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30.

4 TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31.

5 TOTAL OF LINES 1, 2, 3, AND 4

6 LESS REVENUE NOT SUBJECT TO TAX. (attach detailed statement of explanation)

7 GROSS REVENUE SUBJECT TO TAX. (line 5 minus line 6)

8 TAX ON AMOUNT SHOWN ON LINE 7.

9 TAX ALLOCATED PREVIOUS QUARTER(S).

10 TAX ALLOCATED THIS QUARTER. (line 8 minus line 9)

11 TAX (OVERPAID) FROM PREVIOUS QUARTERS, IF ANY.

12 TAX DUE (OVERPAYMENT) THIS QUARTER. (line 10 minus line 11, if any)

13 ENTER AMOUNT OF EDUCATIONAL CASH CONTRIBUTIONS MADE THIS YEAR

14 EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)

15 EDUCATION TAX CREDIT AVAILABLE THIS QUARTER

16 EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)

17 OVERPAYMENT CREDIT FROM FORM 1120CM OR 1040 CM, IF ANY. (See instructions)

18 ENTER YEAR OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM

19 ENTER TYPE OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM

20 TAX AFTER CREDIT (line 12 minus lines 13d and 14a)

21 PENALTY CHARGE (If return is filed and paid after the deadline, complete this line.)

22 INTEREST CHARGES. (If payment is made after the deadline, complete this line.)

23 TOTAL DUE (Add lines 15, 16a, 16b and 17)

DECLARATION: Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct

PAY THIS AMOUNT

Park, Hwa Sun

Name (Typed) and Signature

President

Preparer's Signature:

Firm's Name:

Date:

Title

Jan. 12, 2004

Mailing Address:

Preparer's SSN:

Date

TIN:

Account No:

FOR OFFICIAL USE ONLY

Amount:

Account No:

RECEIPT NO:

Amount:

Account No:

INPUT BY:

RECEIVED BY:

Amount: